

LETTER to the EDITOR

Robotic Prostatectomy in Urological Surgery: An Observership at Weill Medical College of Cornell University, New York

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Dear Editor

Prostate cancer is one of the leading causes of morbidity and mortality in the western world, including New York State. Robotic prostatectomy has recently emerged as a high-throughput, sophisticated, time-saving surgical technique in urological oncology for removal of the prostate in men with prostate cancer (Skolarus et al., 2010).

This letter to the editor aims to briefly comment on the cost-effectiveness of radical prostatectomy in the 21st century; the idea to draft the letter originated from the lead author's short observership/visit at the Department of Urology at Weill Medical College of Cornell University, New York, USA. Assessing the cost-effectiveness of this surgical technique is indeed essential for prostate cancer control and prevention in American as well as Asian patient cohort.

The minimum number of cases required for gaining competency for robotic prostatectomy has increased tremendously; a majority of comparative cost-analyses research data suggested that robotic surgery is significantly more expensive than open or laparoscopic surgery (Mirheydar et al., 2012). The maintenance charges for the robotic system equipment is very high; a precise analysis of the adverse patient safety events viz. blood transfusion and organ injury rates is also required for drawing more definite conclusions about the overall cost-benefit and patient safety analysis of robotic prostatectomy in the healthcare arena.

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References

- Mirheydar HS, Parsons JK (2012). Diffusion of robotics into clinical practice in the United States: process, patient safety, learning curves, and the public health. *World J Urol*, **31**, 455-61.
- Skolarus TA, Zhang Y, Hollenbeck BK (2010). Robotic surgery in urologic oncology: gathering the evidence. *Expert Rev Pharmacoecon Outcomes Res*, **10**, 421-32.

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